

**MARYLAND MEDICAL ASSISTANCE PROGRAM
PROCEDURE CODE AND FEE SCHEDULE
EPSDT OT, SP, AND CHIROPRACTIC SERVICES
PT SERVICES
March 2004**

Please Note: Services are reimbursed up to the maximum units as indicated on this schedule. Providers enrolled as a Therapy Group (type 28) may bill a per visit charge for each *enrolled* discipline participating in the group.

		Maximum Reimbursement	Unit Fee	Maximum Units
<u>EPSDT SPEECH LANGUAGE PATHOLOGY</u>				
92506	Initial Evaluation	\$21.00	\$21.00	1
92507	Individual	\$20.00	\$20.00	1
92508	Group	\$ 6.00	\$ 6.00	1
<u>EPSDT OCCUPATIONAL THERAPY</u>				
97003	Occupational Therapy Evaluation	\$21.00	\$21.00	1
97530	Therapeutic Activities, each 15 minutes	\$20.00	\$ 5.00	4
<u>PHYSICAL THERAPY</u>				
97001	Physical Therapy Evaluation	\$21.00	\$21.00	1
97110	Therapeutic Procedure, each 15 minutes	\$20.00	\$ 5.00	4
97139	Unlisted Therapeutic Procedure (Specify)	I/C*		
95860	Electromyography: one extremity and related paraspinal areas	\$44.50	\$44.50	1
95861	Electromyography: two extremities and related paraspinal areas	\$44.50	\$44.50	1
95863	Electromyography: three extremities and related paraspinal areas	\$44.50	\$44.50	1
95864	Electromyography: four extremities and related paraspinal areas	\$44.50	\$44.50	1
95867	Electromyography: cranial nerve supplied muscles; unilateral	\$44.50	\$44.50	1
95868	Electromyography: cranial nerve supplied muscles; bilateral	\$44.50	\$44.50	1
95869	Electromyography: limited study of specific muscles (for example, thoracic spinal muscles)	\$44.50	\$44.50	1
95900	Nerve conduction, velocity or latency study, or both; motor each nerve	\$10.50	\$10.50	1
95904	Nerve condition, velocity or latency study, or both sensory, each nerve	\$10.50	\$10.50	1
<u>EPSDT CHIROPRACTIC SERVICES</u>				
98940	Chiropractic Manipulative Trtmnt, Spinal, 1 to 2 regs	\$19.00	\$19.00	1
98941	Chiropractic Manipulative Trtmnt, Spinal, 3 to 4 regs	\$19.00	\$19.00	1
98942	Chiropractic Manipulative Trtmnt, Spinal 5 regions	\$19.00	\$19.00	1
98943	Chiropractic Manipulative Trtmnt, Extraspinal, 1 or more regions	\$19.00	\$19.00	1

Claims must reflect the above referenced procedure codes for proper reimbursement. These codes are specific to services outlined in the Provider Manual for EPSDT Chiropractic, Speech and Occupational Therapies as well as Physical Therapy Services and are specific to the MD Medicaid fee-for-service system of payment.

Providers must bill Medical Assistance their usual and customary fees charged to other patients.

*Individual Consideration – code 97139 will be evaluated by a Program Consultant. The consultant will review both the scope of the service provided and the complexity of that service. Reimbursement will then be made by the Program, based on the reimbursement provided for the services of similar scope and complexity.